

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tom Zeigenfelder  
1142 Appian Way  
Dothan, AL 36303

A. Signature

*Tom Zeigenfelder* ☒ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*Tom Zeigenfelder* *9/13/07*

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

*07cv 798*

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 4700 0002 407 2117

SCANNED

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540